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** CONTINUING DATA *****
 NONE AR

** FOREIGN APPLICATIONS *****
 NONE AR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 5	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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TITLE
 LIGHT SCATTERING EUVL MASK

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